

WISCONSIN MEDICAID ABORTION CERTIFICATION STATEMENTS

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

Coverage Policy

In accordance with s. 20.927, Wis. Stats., Wisconsin Medicaid covers abortions when one of the following situations exists:

- The abortion is directly and medically necessary to save the life of the woman, provided that prior to the abortion the physician attests in a signed, written statement, based on his or her best clinical judgement, that the abortion meets this condition.
- In a case of sexual assault or incest, provided that prior to the abortion the physician attests in a signed, written statement, to his or her belief that sexual assault or incest has occurred, **and** provided that the crime has been reported to the law enforcement authorities.
- Due to a medical condition existing prior to the abortion, the physician determines that the abortion is directly and medically necessary to prevent grave, long-lasting physical health damage to the woman, provided that prior to the abortion, the physician attests in a signed, written statement, based on his or her best clinical judgment, that the abortion meets this condition.

INSTRUCTIONS: When filing a claim for reimbursement of an abortion with Wisconsin Medicaid, physicians must attach a written certification statement attesting to one of the circumstances below. The following are sample certification statements that providers may use to certify the medical necessity of the abortion. The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form.

I. LIFE OF THE MOTHER

I, _____, certify that
(Name — Provider)

on the basis of my best clinical judgement, abortion is directly and medically necessary to save the life of

_____, of
(Name — Recipient)

_____,
(Address — Recipient)

for the following reasons:

_____.

SIGNATURE — Physician

Date Signed

SECTION II — VICTIM OF RAPE OR INCEST

I, _____, certify that it is my belief that
(Name — Provider)
_____, of
(Name — Recipient)
_____, was the victim of rape (or incest).
(Address — Recipient)

SIGNATURE — Physician

Date Signed

SECTION III — GRAVE AND LONG-LASTING DAMAGE TO PHYSICAL HEALTH

I, _____, certify on the basis of
(Name — Provider)
my best clinical judgement that due to an existing medical condition grave, long-lasting physical health damage to
_____, of
(Name — Recipient)
_____,
(Address — Recipient)

would result if the pregnancy were carried to term. The following medical condition necessitates the abortion (specify
the medical condition/diagnosis):

SIGNATURE — Physician

Date Signed